# Operational Psychiatry: An Orientation and Some Aspects

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The purpose of this paper is to deal with some of the problems of social psychiatry. This is, of course, a broad field and I think most would agree that it encompasses almost everything pertaining to human behavior that does not go on inside a test tube or is not recorded from a series of amplifiers and vacuum tubes. Social is a word concerned with human beings as a group and as almost no person lives by himself the socialness of any individual's situation cannot be ignored. This then means that social psychiatry ranges from the epidemiological studies of Redlich and Hollingshead to the clinical observation of Tapia that very frequently after committing an anti-social act adolescents will go to the nearest drive-in, there to gorge themselves on the food of simple living—hamburgers, onions and chocolate milk shakes (1, 2). It ranges from Maxwell Jones' therapeutic community to the use of the principles of animal research for setting up on a ward the ways of handling and treating people who exhibit certain types of illnesses (3). It seems to me that a person who says he is interested in social psychiatry must be as interested in the facets of individual psychotherapy as he might be in a finding just made at Washington University in St. Louis, namely, that 40% more neurotic than normal women claim they experience orgasm in their sleep or dreams, or as he might be in various aspects of suicide, which subject Dr. Robins and Dr. O'Neal discuss in this issue of *Human Organization* (4).

From the above cursory delineation of the scope of social psychiatry, I really wonder if the term has any specific use at all. It would appear that it offers no more to psychiatry than the term psychosomatic medicine and this last title clarifies very little.

Being unable to offer a decent categorization of psychiatry, I would like to propose an orientation, namely that of operational psychiatry. Being oriented toward operational psychiatry is really quite respectable; it means one is on the side of science and scientific methods.

To quote Frank (5) it means that "one is careful to distinguish an experimentally testable assertion about observable facts from a proposal to represent the facts in a certain way by word or diagram." Operational psychiatry removes one from the realm of metapsychology and takes one to the field of the definable, the testable, and the repeatable. The test of the value of operational psychiatry must of course lie in its contribution to predictability.

One of the aspects of operational psychiatry that we have found quite productive of research therapy is the utilization of principles and observations gleaned primarily from experimental psychology but also from other disciplines to set up specific types of therapeutic situations for psychiatric patients (6). An example would best illustrate this:

Dr. A. is a man around 60 years of age who had been an extremely successful laboratory researcher and physician. About 4 years ago he became ill with an agitated depression and was admitted to a psychiatric hospital where a course of electro-shock therapy was administered. Unlike many patients with the above diagnosis Dr. A. received little benefit from the treatments and was transferred to a private hospital in the southern United States. Here also he failed to improve and was moved to the psychiatric division of a medical school where an attempt was made to engage him in an intensive psychotherapeutic relationship. Once more the efforts were met with failure and he returned to his home where he existed in a state of constant agitation, taking huge quantities of barbiturates. He was totally unable to work. A psychiatrist in his home city was consulted who suggested state hospitalization but the family preferred one more attempt at treatment in a hospital devoted to the treatment of acute psychotic patients prior to commitment on a chronic basis. He was, therefore, taken to the acute psychiatric hospital where he appeared flushed, agitated, tearful, and constantly demanded drugs, and the companionship of his wife and doctor.

It was decided at this point that treatment centering about Dr. A.'s evaluations of his feelings had up to then been signally unsuccessful and consequently a plan was devised to deal only with his overt behavior. The idea was taken into account that an individual who is depressed learns certain techniques of handling interpersonal difficulties and, that after the depression is dissipated, the individual will frequently continue to utilize these techniques. This utilization makes the person appear as depressed as formerly when, in fact, his illness is of a different quality.

Drugs were essentially stopped; the patient was not allowed to be inactive during the day, and privileges (phone calls, visits, etc.) were only given if the patient had accomplished something at occupational therapy. Dr. A. seemed to become more participant in ward activities and occupational therapy and as this occurred he was involved in one of the laboratories. Finally, he was discharged from the hospital and has continued his activities in the laboratory and does some clinical work.

This case is presented not really as a testimonial but as an example of work that can be repeated and tested. As a matter of fact many people with depressions spontaneously remit and Dr. A.'s improvement might have been the result of this. However, the point of the illustration is that the reinforcement of certain types of behavior can be duplicated with relative ease.

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The above then is a therapy which used as its background Skinner and Mowrer's two-factor theory of learning with the specific idea that motor or skeletal behavior is learned to a large extent because of drive reduction or reinforcement (7).

Another illustration of the use of experimental principles in formulating therapeutic action might be discussed from Tapia's observation that after antisocial acts, adolescents frequently eat. If this observation were validated by a well-conceived study it would provide some reason to question whether the eating might be considered a reinforcement of the previous behavior and whether, if this gratification were stopped via the use of the relationship between therapist and patient, the anti-social behavior might drop out.

Finally, there is some reason to believe that the use of experimentally derived principles in conjunction with adequate clinical observation provides a reasonable basis for the *explanation* of certain types of behavior. An example of this would be in the realm of brainwashing or thought reform. In a recent discussion group which included civilian returnees from a Chinese prison where thought reform was attempted, the following episode was reported by a woman, Mrs. B., who was subjected to the brainwashing process. Mrs. B. tells of being brought into the office of an interrogator where she was asked if in order to see her husband again, she would be willing to see the occurrence of a third world war. Her answer was in the affirmative and was met by the response of great disgust on the part of the interrogator. This produced in her the feeling of intense guilt and when she returned to her cell, which she shared with other prisoners, she found that it was necessary to examine herself and her motives at great length, and to change, presumably in order to become a morally better and more comfortable person. Here then is an instance of a synthetic irrelevant drive state being produced by the interrogator in the interpersonal situation and the opportunity being given to Mrs. B. to reduce this drive by talking to her cell mates and captors and making various changes in thinking and behavior.

Using the above illustrations it seems in general that the areas of operational psychiatry that deal with the dynamics of human behavior and physiology would be well served by a marriage of experimentally derived principles and naturalistic clinical observations. Wherever the vectors of experiment meet the vectors of clinical experience, it is entirely likely that because of the diverse and independent means of obtaining the data, validity is more likely to be present.

## Summary

Social psychiatry is a term full of sound and fury signifying little in the way of precision and specificity. Operational psychiatry is an orientation which is dependent on science and the scientific method. One aspect of operational psychiatry, namely that dealing with the dynamics of behavior, is quite well realized by taking into account various principles of behavior which have been experimentally derived.

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